MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-970583

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		3		1		
7		1		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18		(1)				
19		(1)		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)				
24		(1)		1		
25		(1)		1		
26		(1)		1		
27		(1)		1		
28		(1)		1		
29		(1)		1		
30		(1)		1		
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		(1)		1		
36		(1)		1		
37		(1)		1		
38		(1)		1		
39		(1)				
40		(1)				
41		(1)				
42		(1)				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	45		37			
TOTAL CLAIMS	46		38			

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (1-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS